

Fill in this information to identify the case:

Debtor name Ron Fish Electrical Services, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIACase number (if known) 2:24-bk-13275 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.  
 Yes. Go to line 2.

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>All Systems Go</b> <b>P.O. Box 5125</b> <b>Riverside, NJ 08075</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Other</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address <b>Amex</b> <b>Correspondence/Bankruptcy Po Box 981540</b> <b>El Paso, TX 79998</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$808.73</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Amazon Business Prime Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address <b>Billow Electric Supply Company</b> <b>c/o Law Offices of Gary M. Perkiss, P.C. 801</b> <b>Old York Road, Suite 313</b> <b>Jenkintown, PA 19046</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$19,048.82</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Other-Mechanic Lien Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address <b>Billow Electric Supply Company</b> <b>c/o Law Offices of Gary Perkiss, P.C. 801</b> <b>Old York Road, Suite 313</b> <b>Jenkintown, PA 19046</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$45,473.77</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Other-Mechanics Lien Claim</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Ron Fish Electrical Services, LLC</b>	Case number (if known)	<b>2:24-bk-13275</b>
Name _____			
3.5	Nonpriority creditor's name and mailing address <b>Billow Electric Supply Company</b> c/o Law Offices of Gary M. Perkiss, P.C.801 Old York Road, Suite 313 Jenkintown, PA 19046	As of the petition filing date, the claim is: Check all that apply.	<b>\$5,322.46</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	<b>Basis for the claim: Other-Mechanic Lien Claim</b>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Nonpriority creditor's name and mailing address <b>Billows Electric Supply</b> 3929 G Street Philadelphia, PA 19124	As of the petition filing date, the claim is: Check all that apply.	<b>Unknown</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	<b>Basis for the claim: Other</b>	
	Last 4 digits of account number <u>4242</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7	Nonpriority creditor's name and mailing address <b>Billows Electric Supply Co.</b> c/o Law Offices of Gary M. Perkiss, P.C.801 Old York Road, Suite 313 Jenkintown, PA 19046	As of the petition filing date, the claim is: Check all that apply.	<b>\$12,679.76</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	<b>Basis for the claim: Other-Mechanics Lien Claim</b>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address <b>Chase Card Sevices</b> Po Box 15123 Wilmington, DE 19850	As of the petition filing date, the claim is: Check all that apply.	<b>\$12,826.52</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	<b>Basis for the claim: Credit</b>	
	Last 4 digits of account number <u>0545</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address <b>Corporate Electric</b> 315 Cranbury Half Acre Road Cranbury, NJ 08512	As of the petition filing date, the claim is: Check all that apply.	<b>Unknown</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	<b>Basis for the claim: Other</b>	
	Last 4 digits of account number <u>1717</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address <b>Master Revenue</b> 525 Washington Blvd. Suite 2200 Jersey City, NJ 07310	As of the petition filing date, the claim is: Check all that apply.	<b>Unknown</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	<b>Basis for the claim: Other</b>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address <b>PNC Bank</b> PO Box 3479 Pittsburgh, PA 15230-3479	As of the petition filing date, the claim is: Check all that apply.	<b>\$4,741.56</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	<b>Basis for the claim: Credit</b>	
	Last 4 digits of account number <u>7601</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Ron Fish Electrical Services, LLC</b>	Case number (if known)	<b>2:24-bk-13275</b>
Name			
3.12	Nonpriority creditor's name and mailing address <b>Sunoco Business Fleet PO Box 639 Portland, ME 04104-0639</b>	As of the petition filing date, the claim is: Check all that apply.	<b>\$2,102.83</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _	Basis for the claim: <u>Other</u>	
	Last 4 digits of account number <u>2403</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
--------------------------	---	---

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

<b>Total of claim amounts</b>		
5a.	\$	<b>0.00</b>
5b.	+	\$ <b>103,004.45</b>
5c.	\$	<b>103,004.45</b>